

**Executive Committee for Highway Safety
Older Driver Safety
Working Group Meeting Minutes – Mtg. #3
February 1, 2006**

Location:

NC AARP, Raleigh @ 11:00 a.m.

Attending:

Jane Stutts, Chair	UNC Highway Safety Research Center
Suzanne LaFollette-Black	NC AARP
Cliff Braam	NC DOT Traffic Engineering & Safety Systems Branch
Phyllis Bridgeman	NC DHHS, Division of Aging and Adult Services
Sherry Creech	NC DMV, Driver License Medical Review Branch
Stacie Cruz	NC Governor's Highway Safety Program
Sarah Davis	AAA Carolinas
Janice Huff	Family Medicine Physician (representing NC Medical Society)
Charles Jones	NC State Highway Patrol
Helen Savage	NC AARP
Susan Stewart	NC DMV Driver License Medical Review Branch
Carol Williams	NC Assistive Technology Program

Minutes:

Jane Stutts welcomed those in attendance and asked committee members to introduce themselves for the benefit of Dr. Huff, who was attending the meeting for the first time, and Sherry Creech, who works with Susan Stewart at the NC DMV Driver License Medical Review Branch. She then asked for any additions or changes to the draft agenda that had been proposed for the day's meeting. Suzanne LaFollette-Black requested that ample time be allotted during the latter part of the meeting to address ongoing Coalition initiatives, including the development of in-service training materials for DMV license examiners and community resource toolkits.

Task I – Discussion of Working Group Responsibilities and Mode of Operation

Jane then asked Cliff Braam to provide a brief recap of the group's responsibilities as an official Working Group of the NC Executive Committee for Highway Safety (ECHS). Cliff began by noting that the ECHS web site was being updated, and that the new site would include links to each Working Group where information relative to its activities could be posted.¹

The primary responsibility of each working group is to recommend strategies to the ECHS for reducing crashes in their particular area of focus. Once a potential strategy has been identified, one or two members of the group will generally take the lead in writing it up, following a standard format, and will circulate it to other members of the group for review and comment.

¹ An updated website is now available at <http://www.ncdot.org/doh/preconstruct/traffic/ECHS/default.html>. However, some corrections and additions are still needed to the site.

After the strategy has been finalized by the working group, it should be sent to Cliff for forwarding to members of the ECHS. Cliff asked that this be done at least two weeks prior to a scheduled ECHS meeting, to give members an opportunity to review the strategy prior to the meeting. Cliff also noted that, due to the large number of active working groups, each group is being encouraged to only submit one strategy to the Executive Committee at a time (although they can certainly be working on the development of more than one strategy). A sample strategy was distributed by Jane, and Cliff noted that he would make available a Word document for use as a template in preparing the strategies.²

Jane said that she would like to have at least one strategy ready to present to the ECHS at its meeting tentatively scheduled for April 26. She also indicated that she hoped the group could fulfill its charge within a six-month to one-year time frame. Cliff, however, reiterated that no end dates had been established for the working groups, and that membership on the groups could be rotated if desired. The ability to rotate members can also be helpful in ensuring that key players are at the table when specific strategies are being discussed and developed.

Task II – Identification of Potential Strategies

The discussion moved to identification of potential strategies for development by the group. Jane had asked group members to come prepared with specific ideas, and distributed some materials that had been submitted by Dr. Davis Fort and Jenny Womack who were unable to attend the meeting, as well as some strategy suggestions she herself had prepared.³ In considering strategies, members were asked to refer to the six objectives that had been identified at the November meeting:

1. Improve community capacity to inform the population about available services, options, and programs.
2. Improve roadway drivability (e.g., by improving roadway signage).
3. Increase awareness of older driver issues among law enforcement, physicians, service providers, and older adults themselves.
4. Educate older drivers about age-related changes that affect driving.
5. Identify at-risk older drivers and provide remediation and other supportive services (role of DMV, physicians, family, etc.).
6. Improve and expand service options for people who can't or don't want to continue driving.

Helen Savage asked Phyllis Bridgman for an update about options for addressing Objective 6, especially with regard to getting information out to people about available transportation options within a community. Phyllis noted that the DOT's TransitNet and DHHS's CARELINE are both viable resources, as are local transportation providers. Susan Stewart reinforced the importance of being able to connect people to available resources, since transportation needs do not end just because a person stops driving. Suzanne had information on a program implemented in Mecklenberg County that might serve as a model for other communities (see <http://statusofseniors.charmeck.org> for a link to the November 2005 report). Also, information from the recent SAFETEA Regional Workshop in Charlotte, January 19-20, sponsored by the Surface Transportation Policy Project, may be helpful to our efforts. (This report, "From the

² This file is being transmitted separately along with these minutes.

³ These are also being distributed in a separate file for those unable to attend the meeting.

Margins to the Mainstream – A Guide to Transportation Opportunities in Your Community,” is currently being updated and is not available online, but Jane will let us know when it is available, or make copies from Suzanne’s draft document.)

A question was raised as to whether our strategies could address broader public education and awareness issues, or if they should be directed at legislative needs. Cliff responded that all types of strategies would be considered by the Executive Committee, and that approved strategies would be assigned to an appropriate host agency for implementation. Jane noted that as a Senior Driver Safety Coalition as well as a Working Group, our group could continue to play a role in implementing programs and initiatives. Cliff also assured the group that the Executive Committee was there to support its efforts, and was unlikely, for example, to veto a particular strategy.

Jane introduced a draft strategy prepared by Dr. Forte for improving signage at intersections, and in particular highway interchanges where the typical “get in the left lane if you want to go left” does not apply and may be confusing to the unfamiliar driver. Discussion of this strategy was deferred, however, due to the absence of members of the roadway subgroup. Plans are for the subgroup to continue working on this strategy and have it ready to present to the full working group in more final form at our next scheduled meeting, in time to finalize prior to the April 26 ECHS meeting.

The discussion then turned to potential strategies for addressing the other five objectives identified by the working group. Suzanne suggested that Objectives 1, 3, 4 and 6 be considered as a group, as they all entail public education and awareness. Sarah noted that the senior mobility forums being piloted by the Coalition are primarily directed towards professionals, and more time was needed to evaluate the effectiveness of this approach. However, there is still a need to educate consumers, so that a strategy might be focused on getting information out directly to older adults, for example, through newsletter publications, town meetings, driver license offices, and driver safety classes.

There was also some discussion with regard to Objective 5, identifying at-risk older drivers and providing remediation and supportive services. Issues brought up here included the need for physician education regarding reporting requirements and procedures, educating law enforcement about identifying and reporting at-risk drivers, identifying driver assessment and rehabilitation resources available within a community (and to whom DMV examiners could refer at-risk drivers), and providing information on alternative transportation for those who are no longer able to drive safely.

The group agreed that it would pursue development of strategies in the following three areas:

1. Roadway / intersection signage
2. Consumer education (i.e., getting needed information directly to older drivers)
3. Medical fitness to drive.

Subgroups agreed to meet prior to the next full meeting to begin drafting these strategies.

Task III – Discussion of Ongoing Coalition Activities

Susan Stewart noted that the in-service training for DMV examiners had not yet been rescheduled by the DMV. However, the group agreed that it wanted to go ahead with its

development of an older driver training module, so that this would be ready for incorporation into the training. Jane will look into making use of materials developed for FHWA's Older Driver training workshops.

Suzanne reported that positive results were continuing to surface from the pilot local workshop hosted by the Coalition in Wilmington in November. Although pedestrian safety issues were a key concern raised by participants at this workshop, she agreed that future workshops should be more specifically focused on the drivability and mobility requirements for a livable community. Dates and locations of future workshops are still being finalized.

The meeting was adjourned at approximately 1:10 pm.

Task IV – Post-Meeting Discussions

Although the official meeting was adjourned, group members were encouraged to stay for an additional 30-45 minutes to discuss potential strategies in smaller group settings. The following represents some incomplete notes from this discussion (incomplete because not all of the ongoing discussions were documented):

- Discussion of pros and cons of requiring more frequent renewals for older drivers;
- Discussion of what physicians know about assessing medical fitness to drive and reporting unsafe drivers to the DMV, and potential avenues for educating physicians (complicated by the fact that physicians generally get their continuing education from their own professional associations, and these are many and varied);
- Some discussion of the Oregon model, which involves physicians and OTs in the assessment and evaluation process (Jane will follow up on and send out information);
- The need for insurance coverage for OT assessments, and the need for more people qualified to perform these assessments;
- The need for more awareness among older adults (as well as physicians) of professional assessment options that may be available to them;
- Other potential mechanisms or approaches for funding driving assessments.

Action Items

Name	Item
Roadway Sub-committee	Meet prior to the next full meeting of the Working Group to finalize its strategy. Send to Jane for distribution prior to the meeting.
Education Subcommittee	Scheduled to meet next Friday, February 17, at 10:00 am at AARP.
Jane	Locate and distribute copies of information discussed at the meeting, including the Charlotte STTP meeting materials and information on the Oregon older driver initiatives.